



October 18, 2002

SUBJECT: Procedures for Payment and Completion of SF-182, Request, Authorization, Agreement and Certification of Training Form.

TO: MWA LAO

FROM: Deb Agee, MWA Human Resources Assistant /s/

After reviewing P&P 440.1, Employee Training & Development and Bulletin 02-402, Payment Methods & Procedures for Processing Training Requests; following is a synopsis of procedures for completion of the SF-182 for employee training. Please bear with me, as I share my findings, in an attempt to help eliminate some of the confusion involving procedures for payment of training.

A. Using the Purchase Card or Convenience Check for Payment.

1. The SF-182 should be completed with "all" the information including estimated travel if applicable. Please review P&P 440.1 and Bulletin 02-402 and reference for block by block completion procedures specific to ARS. If using InForms, print appropriate copies on carbonless paper or insert carbon paper if using regular paper. The training form must include a training log number in Block B in upper right corner of SF-182. The LAO (or assigned support staff) will assign this number.
2. Route for approval signatures. Supervisors are authorized to approve or recommend short-term training for employees who report to them. If the supervisor is the fundholder, they will approve the training. If supervisor is not the fundholder, they will sign the SF-182 as Immediate Supervisor in Block 26a and recommend approval through the appropriate fundholder. The fundholder signs as approving Authorizing Official in Block 29a on the SF-182.
3. After approval signature, the purchase cardholder that pays for the training either by credit card or convenience check will remove the Finance copy to support the purchase. When using the credit card or convenience check for payment - DO NOT send the Finance copy to NFC. If the training amount exceeds the \$2,500 non-procurement cardholder limit, it must be purchased by a procurement cardholder.
4. Distribute a copy for budget tracking of expenses or abide by location procedures.
5. Distribute employees' and supervisor's copies for their records.
6. Although the evaluation copy no longer needs to be completed except when there are concerns about the training, please use your location procedures to affirm that employee has completed the training. When training is not completed or canceled, the LAO and/or Supervisor should be notified immediately.

7. The original and/or the 1st copy can be used for inputting into TRAI and for the files. All training must be entered into TRAI.

8. The Travel Charge Card is NOT to be used for payment of training.

B. Billing NFC.

1. If Purchase Card/Convenience Check will not be accepted by the training vendor, the Vendor Coordinator in the Area Budget & Fiscal Office must be notified and the FFIS VEND table will be searched to determine if the training vendor has been added. The Vendor Coordinator will give you the vendor code for annotating on the SF-182 and fax a print screen of the vendor code to be attached to the SF-182. The vendor code should be typed in Block 15a with the training vendor name on the SF-182. The Finance copy with a print screen of the vendor code attached can be sent to appropriate NFC address typed in Block 25 of the SF-182 for payment of the training. The NFC address to be used by ARS is found in Bulletin 02-402.

2. If the training vendor is not on the Vendor Code table, the LAO must work with the Area Vendor Coordinator to either pay the training by use of a Purchase Order or direct entry into FFIS. The LAO must get specific information from the vendor so that the Vendor Code can be added. The Area Vendor Coordinator will notify you when the vendor code is active and listed on the Vendor Code table. Annotate the vendor code on the SF-182 and follow same procedures as noted in #1 above

C. Payments to Federal Government Training Vendors (if not paid by Purchase Card/Convenience Check).

1. Federal Government vendors are paid via the OPAC system. Follow the same procedures as listed above for billing NFC but also insert the vendor billing information noted in the Bulletin 02-402 in Block 25 of the SF-182. The SF-182 Finance copy is sent to the same NFC address as used for the above vendor payment procedure but the address is not typed on the SF-182.

This memo is not conclusive of all procedures for payment of training. Please review the P&P 440.1, Employee Training & Development and Bulletin 02-402, Payment Methods & Procedures for Processing Training Requests. If you have questions or are unsure of procedures for a specific training situation, please feel free to call me.

cc:

D. Bitner

S. Buxton

L. Gettinger

M. Jenkins

W. Murphy

D. Strub

Training-SF-182

The SF-182, Training Form, must be prepared for ALL instances of training; e.g., workshops, correspondence courses, programmed instruction, individual college study, traditional classroom courses, etc. This includes short courses and videos of 1-4 hours (or less than a day). Remember, however, "abbreviated" SF-182s can be done in these instances where no funds are expended or groups of employees attend. If training is being paid via Purchase Order, Credit Card, or contract, an SF-182 still must be prepared.

INSTRUCTIONS FOR COMPLETING A SF-182

- A. AG-03-4860 code must be entered on all SF-182s.
- B. Obtain Document Control Number from the LAO or the HQS Training Designee.
- C. Check appropriate box.
 1. Enter trainee's full name; enter first five digits of last name in shaded area.
 2. Enter trainee's Social Security Number (nine digits).
 3. Complete ONLY for Graduate School, USDA (formerly OPM) courses. Enter trainee's year/month of birth, e.g., 43/01.
 4. Complete ONLY for Graduate School, USDA courses. Enter trainee's home address.
 5. Complete ONLY for Graduate School, USDA courses. Enter trainee's home telephone number, including area code.
 - 6-7. Self-explanatory.
 8. Enter commercial telephone number.
 - 9-10. Complete ONLY in case of long-term training (e.g., full-time training of 120 days or more).
 - 11a. Trainee's position title/function.
 - 11b. If the applicant is disabled or handicapped and in need of special arrangements (brailling, taping, interpreters, facility accessibility, etc.), mark block with an X and describe the special arrangements on a separate sheet and attach to the Vendor Copy. NOTE: The applicant is not required to furnish this information. Their signature on the description sheet indicates agreement to release it to the training vendors.
 12. Trainee's pay plan, job series and present grade, example GS-201-12/3.
 13. Complete ONLY for Graduate School, USDA courses. Use the following symbols to show type of appointment.

C = Career EP = Excepted permanent
T = Temporary
Term = Term
 14. Complete ONLY for long-term training programs (over 120 days). Enter the highest degree attained.
 - 15a. Training Vendor's name and mailing address.
 - b. Site of training, if same, place an X in the box.
 16. Self-explanatory.
 17. Enter catalog/course number, if provided by vendor.
 18. Enter the year, month, and day the course begins and ends.

19. Self-explanatory. [If the training is over 80 hours for a single program (during duty or nonduty) and is conducted by a non-Federal Government vendor, and official funds will be expended, the employee must read and sign the reverse side of Copy 1 of the SF-182.]
20. Use training code definitions. (Attached)
21. Enter OCC 2523 directly across from and on the same line as "direct costs and appropriation/fund chargeable."
- Enter the current fiscal year's 10- or 14-digit financial data code from which the training costs will be paid in the Appropriate/fund column.
- a,b,c Enter four-digit dollar amount as appropriate for each item and leave Cents column blank or enter "00."
- If any costs will be paid for by credit card enter the words "Credit Card" directly across from the item under the appropriation/fund column.
- d. Enter four-digit total dollar amount and leave cents column blank or enter "00". Do not include in the total any items (a, b, or c) that will be paid from a credit card.
22. As appropriate, enter rounded-off dollar amounts for travel and per diem. Leave cents column blank or enter "00". Leave appropriation/fund column blank.
23. Enter dollar amount to be obligated by this training request in parenthesis on right side of this block, e.g., (\$0325). This amount should be the same as the amount shown in Block 21d.
24. For Government sponsored courses only, i.e., OP, USDA, GPO, Enter NFC's eight-digit station symbol 12-40-0001.
25. If vendor is to be paid by NFC place the following in Block 25:
- USDA-OCFO, National Finance Center
Financial Services Division
FFIS Operations & Reporting Branch, Section 1
P.O. Box 53326
New Orleans, LA 70153
- 26-27. Type name, title, and commercial telephone number of appropriate officials.
- 28a. Type name, title, and commercial telephone number of LAO or HQS Training Designee.
29. Type name, title, and commercial telephone number of authorizing official*:for HQS-Division/Staff Director or Administrative Officer for Field-Research Leader
30. Type name, title, and commercial telephone number of LAO or HQS Training Designee.

*RLs can authorize:

Non-federal government training.

University training not to exceed 120 hours (8 credit hours) in a single program per person per semester/term.

All Federal Government training except Executive Development Programs.

Reference:

Policy and Procedure 440.1

Training Codes/Purpose -- Block 20a

- 1 As a result of mission or program changes
- 2 As a result of new technology
- 3 As a result of new work assignments
- 4 To improve present performance
- 5 To meet future staffing needs
- 6 To develop unavailable skills
- 7 Trade or craft apprenticeship
- 8 Orientation
- 9 Adult basic education

Training Codes/Type -- Block 20b

- 1 Executive and management
- 2 Supervisory
- 3 Legal, medical, scientific, or engineering
- 4 Administrative and analysis
- 5 Speciality and technical
- 6 Clerical
- 7 Trade and craft
- 8 Orientation
- 9 Adult basic education

Training Codes/Source -- Block 20c

- 1 Government--Agency
- 2 Government--Interagency
- 3 Non-government--designed for Agency
- 4 Non-government--off shelf
- 5 State or local government

Training Codes/--Block 20d

- 00 Not Applicable
- 01 USDA SES Candidate Development Program
- 02 Agency Supervisory Development Program
- 03 USDA Upward Mobility Program
- 04 Agency Upward Mobility
- 05 Agency Management Development Program
- 06 Senior Executive Service (SES) Candidate Development
- 07 Management Development (Department)
- 08 Management Development (Agency)
- 09 FSC Mid-level
- 10 FSC Senior Threshold
- 11 PMI
- 12 COOP
- 13 President's Executive Exchange
- 14 LEGIS
- 15 COM SCI
- 16 Woman's Career and Executive development
- 17 PTO Law Program
- 18 Long term full-time
- 19 Long term part-time
- 20 EEO Training
- 21 Computer Training
- 22 Self Development
- 23 Congressional Fellowship
- 24 Foreign Language Training
- 25 Total Quality Management (TQM)
- 26 Procurement Integrity Act (PIA) Ethics Training
- 27 INFO Share Training
- 28 HIV/AIDS Training
- 29 NASS Survey Training

NOTE: This agreement must be signed by the nominee for all **non-government** training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in Section G below shall be construed as limiting the authority of an agency to waive, **in whole or in part**, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

Section G—EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE

1. I AGREE that, upon completion of the Government-sponsored training described in this request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week). NOTE: For the purposes of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment), not to a segment of such an organization.
2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in items 21 and 22.
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item 1 above, I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expenses (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
4. I understand that any amounts which may be due the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
5. I FURTHER AGREE to obtain approval from my organization training officer and that person responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that, if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements in items 1, 2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

31. Period of obligated service (For non-government training only) _____	
32. Employee's signature	Date

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency code, agency subelement and submitting office number 01		B. OFFICE USE ONLY					
						C. Request status (Mark (X) one) 02					
						<input type="checkbox"/> Initial or Resubmission	<input type="checkbox"/> Correction or Cancellation				
Section A—TRAINEE INFORMATION											
1. Applicant's name (Last - First - Middle Initial)			Enter first 5 letters of last name	03	2. Social Security Number		04	3. Date of birth (Year and month)		05	
4. Home address (Number, street, city, State, ZIP code)					5. Home telephone Area code Number		6. Position level (Mark (X) one only)				
							<input type="checkbox"/> a. Non-supervisory	<input type="checkbox"/> c. Manager			
7. Organization mailing address (Branch - Division / Office / Bureau / Agency)			8. Office telephone Area code Number Extension		9. Continuous civilian service Years Months		10. Number of prior non-government training days				
11a. Position title / function			11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan / series / grade / step		13. Type of appointment		14. Education Level		
Section B—TRAINING COURSE DATA											
15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)					15b. Location of training site (If same, mark box) _____ <input type="checkbox"/>						
16. Course title and training objectives (Benefits to be derived by the Government)											
17. Catalog / Course No.		18. Training period (6 digits)			06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)		
		Year Month Day			a. During duty				Code 08 c. Source Code 10		
		a. Start			b. Non-duty						
		b. Complete			c. TOTAL						
a. Purpose		b. Type		09 d. Special interest 11							
AGENCY USE ONLY											
Section C—ESTIMATED COSTS AND BILLING INFORMATION					Section D—APPROVALS						
21. Direct costs and appropriation / fund chargeable					26a. Immediate supervisor—Name and title					Area code / Tel. No. / Extension	
Item		Amount		Appropriation / fund	b. Signature				Date		
		Dollars Cents									
a. Tuition					27a. Second line supervisor—Name and title				Area code / Tel. No. / Extension		
b. Books or Materials											
c. Other (Specify)					b. Signature				Date		
d. (Enter 4 digits in dollar column)											
TOTAL											
22. Indirect costs and appropriation / fund chargeable					28a. Training officer—Name and title					Area code / Tel. No. / Extension	
Item		Amount		Appropriation / fund	b. Signature				Date		
		Dollars Cents									
a. Travel					29a. Authorizing official—Name and title				Area code / Tel. No. / Extension		
b. Per diem											
c. Other (Specify)					b. Signature				Approved Date		
d. (Enter 4 digits in dollar column)											
TOTAL											
23. Document / Purchase Order / Requisition No.					30a. Certifying official—Name and title					Area code / Tel. No. / Extension	
24. 8-Digit station symbol (Example-12-34-5678) _____											
25. BILLING INSTRUCTIONS (Furnish invoice to):					b. Signature					Date	
Section F—CERTIFICATION OF TRAINING COMPLETION											
TRAINING FACILITY					Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.						

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency code, agency subelement and submitting office number (Example - xx-xx-xxxx)		B. OFFICE USE ONLY	
						C. Request status (Mark (X) one)	
		<input type="checkbox"/> Initial or Resubmission		<input type="checkbox"/> Correction or Cancellation			

Section A—TRAINEE INFORMATION							
1. Applicant's name (Last - First - Middle Initial)			2. Social Security Number		3. Date of birth (Year and month)		
Enter first 5 letters of last name					(Example-born January 14, 1943 shown as 4301)		
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)	
				Area code Number		<input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager	
						<input type="checkbox"/> b. Supervisory <input type="checkbox"/> d. Executive	
7. Organization mailing address (Branch - Division / Office / Bureau / Agency)				8. Office telephone		9. Continuous civilian service	
				Area code Number Extension		Years Months	
11a. Position title / function			11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan / series / grade / step		13. Type of appointment
							14. Education Level

Section B—TRAINING COURSE DATA							
15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)				15b. Location of training site (If same, mark box)			
16. Course title and training objectives (Benefits to be derived by the Government)							
17. Catalog / Course No.		18. Training period (6 digits)		19. No. of course hours (4 digits)		20. Training codes (See instructions)	
		Year Month Day		a. During duty		Code	
a. Start				b. Non-duty		a. Purpose	
b. Complete				c. TOTAL		b. Type	
						08 c. Source	
						09 d. Special interest	

Section C—TERMINATION AND EVALUATION DATA (To be completed by Trainee)							
21. Course was completed			22. Actual course dates (Month / day / year)			23. Actual course hours	
a. <input type="checkbox"/> Yes			a. Commenced			b. Non-duty	
b. <input type="checkbox"/> No—Return this form with a memo explaining circumstances			Month Day Year			a. Duty b. Non-duty	
24. Academic grade/score							
25. All sessions were attended							
a. <input type="checkbox"/> Yes							
b. <input type="checkbox"/> No—Explain							

AREAS OF EVALUATION				Rating		
(Place (X) in appropriate column to indicate your evaluation of items 26 through 37. Do not attempt to split a rating)				A	B	C
26. Stated objective accomplished	A = Yes	B = Partially	C = No			
27. Coverage of subject matter	A = Excellent	B = Sufficient	C = Poor			
28. Organization of subject matter	A = Well organized	B = Adequate	C = Poorly organized			
29. Suitability of instructional materials	A = Excellent	B = Adequate	C = Poor			
30. Level of difficulty	A = Too advanced	B = Appropriate	C = Too elementary			
31. Length of course	A = Too long	B = Appropriate	C = Too short			
32. Amount of outside or evening work	A = Too much	B = Appropriate	C = Insufficient			
33. Effectiveness of instructors	A = Excellent	B = Good	C = Poor			
34. Applicability of subject matter to the job	A = Significant	B = Adequate	C = Insignificant			
35. Facilities	A = Excellent	B = Good	C = Poor			
36. Recommendation to colleagues	A = Highly recommend	B = Recommend	C = Not recommended			
37. Meet career development plans	A = Yes	B = No	C = Not applicable			

Section C—TERMINATION AND EVALUATION DATA (To be completed by Trainee) - Continued

38. Comments on strong points of course

39. Comments on weak points of course

40. What were your objectives in taking this course? Were they met?

41. Do you recommend this program for others? If so, whom?

42. Additional comments

43. Signature of trainee

Date

Section D—SUPERVISORY COMMENTS (To be completed by employee's immediate supervisor)

44. Have you discussed this course and its application to the job with this employee?

a. ☐ Yes

b. ☐ No

45. What were your objectives in having employee attend course?

46. Were the objectives of the training achieved?

47. Additional comments

48. Signature of supervisor

Date

PERSONNEL USE ONLY

PRINT MENU

- ☐ Copy 1 - Agency (Training/Personnel Folder) _____
- ☐ Copy 2 - Agency (Data Processing or CPDF Copy) _____
- ☐ Copy 3 - Vendor (File Copy) _____
- ☐ Copy 4 - Vendor (Finance) _____
- ☐ Copy 5 - Vendor (Agency) _____
- ☐ Copy 6 - Vendor (Employee) _____
- ☐ Copy 7 - Agency (Finance) _____
- ☐ Copy 8 - Agency (Optional Use) _____
- ☐ Copy 10 - Agency (Originating Office) _____
- ☐ Print all of the above copies. _____